



BOARD OF OPTOMETRY
 400 R STREET, SUITE 4090
 SACRAMENTO, CALIFORNIA, 95814-6200
 TELE: (916) 323-8720
 www.optometry.ca.gov



APPLICATION FOR TPA CERTIFICATION

Business and Professions Code. All terms of information requested are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used in determining qualification for TPA licensure. The official responsible for the maintenance of this information is the Executive Officer. The information may be transferred to other interagency or inter governmental agency, and/or enforcement agencies. Each individual has the right to review the files or records maintained on them by the agency, unless the records are identified as confidential information and exempted in Section 1798.3 of the Information Practices Act.

TYPE OR PRINT

FOR OFFICAL USE ONLY

Receipt Number _____

APPLICATION FEE: \$25.00

1. NAME:

Last	First	Middle	OPT License Number
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2. ADDRESS:

Number and Street	City	State	Zip	(Area Code) Telephone
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3. Education: Name of school or college, or residency review committee in ophthalmology, at which you completed the didactic course (80 hours minimum) in the diagnosis, pharmacological, and other treatment and management of ocular disease. Certification of course completion and passage of the final examination must be received by the board from the institution attended.

Name of Institution:

Address of Institution:

Course Completion Date:

4. Self Directed Education: Have you completed at least 20 hours of self-directed education as required under Section 3041.3 (b) (3)?

☐ YES

☐ NO *(If NO, your application will be rejected as incomplete.)*

I declare under penalty of perjury under the laws of the State of California that the information given by me in completing this application, and any attached information, is true and I understand and agree that any misstatements of material facts herein may be cause for denial of this application or for subsequent suspension or revocation of my certificate of registration to practice optometry in California.

DATE: _____

SIGNATURE OF APPLICANT: _____

INFORMATION AND INSTRUCTIONS FOR CALIFORNIA LICENSED OPTOMETRISTS APPLYING FOR THERAPEUTIC PHARMACEUTICAL AGENTS (TPA) CERTIFICATION

Following you will find a checklist of requirements along with instructions for completing your application package:

(1) APPLICATION FEE: \$25.00 The \$25 application fee must accompany your application and is **not** refundable.

***(2) TPA DIDACTIC COURSE & FINAL EXAMINATION:** If you graduated from an accredited school or college of optometry prior to January 1, 1992, you must successfully complete a didactic course of at least 80 classroom hours in the diagnosis, pharmacology, and other treatment and management of ocular disease offered by an accredited school or college of optometry or recognized ophthalmological residency review committee **in California** and given after July 1, 1992. Certification of course completion and passage of the final examination must be received by the board from the institution attended to satisfy this requirement.

***(3) TMOD EXAMINATION:** If you graduated from an accredited school or college of optometry prior to January 1, 1992, you must successfully pass the National Board of Examiners in Optometry (NBEO) TMOD examination administered after July 1, 1992. A copy of your TMOD scores must be submitted to the board office. You should contact the office of the NBEO at (301) 652-5192 to request that a copy of your TMOD scores be sent to the board.

(4) PRECEPTORSHIP: All applicants must complete a preceptorship of no less than 65 hours in no less than two-months nor more than one-year in an ophthalmologist's office or optometric clinic. *Preceptor's service shall be authorized by an accredited school or college of optometry, or recognized ophthalmological residency review committee in California. Preceptors shall be board (ABMS)- certified ophthalmologists and must be in good standing with the Medical Board.* The board's "Preceptor Completion Verification" form provided by the school or college of optometry, or residency review committee, must be submitted to the applicable institution upon completion of the preceptorship for endorsement and forwarding to the board office.

(5) SELF-DIRECTED EDUCATION: All applicants must successfully complete a minimum of 20 hours of self-directed education. You must indicate whether you have fulfilled this requirement by checking the appropriate box in item # 4 of the attached application.

***These requirements do not apply to applicants who graduated from an accredited school or college of optometry after January 1, 1992 and were licensed in California prior to January 1, 1996.**